

10/550295

JC14 Rec'd PCT/PTO 21 SEP 2005

Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: ANTIBODIES DIRECTED AGAINST  
HEPATITIS C VIRUS E1E2 COMPLEX,  
COMPOSITIONS OF HCV PARTICLES,  
AND PHARMACEUTICAL COMPOSITIONS  
Attorney Docket Number:: 0508-1140  
Request for Early No  
Publication?::  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 17  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: MARIE-ANNE  
Middle Name::  
Family Name:: PETIT  
Name Suffix::  
City of Residence:: BRON  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 65, RUE GUY DE MAUPASSANT  
Address::  
City of Mailing Address:: BRON  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-69500

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: COLETTTE  
Middle Name::  
Family Name:: JOLIVET-REYNAUD  
Name Suffix::  
City of Residence:: SAINT BONNET DE MURE  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: LES CEDRES, 29, ROUTE NATIONALE  
Address::  
City of Mailing Address:: SAINT BONNET DE MURE

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-69720

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2004/003412	3/31/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE	03 290 822.0	4/1/03	Yes ----

**Assignment Information**

Assignee Name::  
Street of Mailing  
Address::  
City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address::